
Productivity Commission

Inquiry into Disability Care and Support

Submission prepared by Care Connect Limited
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Introduction

Care Connect

Care Connect is a major community care provider supporting people to remain independent in their community. We operate from 15 offices across Victoria, New South Wales and Queensland, supporting 4000 individuals each year through over 300 dedicated employees.

Submission overview

Both the State and Commonwealth governments have been active in introducing policy, supports and funding initiatives in recent times. The current inquiry in to a new national disability care and support scheme however is most welcome and, we would like to believe, spearheads a much broader change. We believe that a new national scheme should not only support people financially, but to also support people to have full and meaningful opportunities in Australian society on an equal basis to everyone else.

Our submission addresses the following issues for the Commission's consideration:

- Eligibility – Who should be the key focus and how do we identify them?
- 'Whole-of-government for whole-of-life' approach. Overcoming interface barriers for people transitioning from home to school to work to retirement.
- Financing Options – Pay as you go or managing future liabilities?
- Support Coordination – because life is not simple!
- Workforce Development – a case for national accreditation.

Eligibility – Who should be the key focus and how do we identify them?

The terms of reference state that the scheme should cover disability present at birth or acquired through an accident or health condition (not due to the natural process of ageing). Furthermore, the scheme is intended for those in significant need of support i.e. those with severe or profound disability. Care Connect would suggest that by including people with moderate disabilities, and that the nature of these are ongoing

or permanent, more appropriate coverage would be offered. We would also suggest that eligibility is not based solely on a medical diagnosis, but should also include the impact that this diagnosis would have on a person's ability to function and participate in Australian society on the same basis as everyone else. This would define a more holistic level of 'need'. This would be similar to existing 'insurance type' assessment models, from which we could draw. Replicating effective assessment models that already exist locally and internationally is both time and cost consuming. Instead, we should look to these as examples from which to build upon and ensure we do not 're-invent the wheel'.

Assessing outcomes standards is dependant on the adoption of a **universal assessment mechanism** based on:

- The consistent application across the disability sector of one assessment tool as a "starting point" assessment, with periodic reassessment / review being used to measure outcomes (changes in assessment parameters).
- Universal accessibility: The assessment needs to be captured under a unique identifier and follow the person on their care journey. The assessment history needs to be available to providers from Primary Care through Community Care and into the acute setting so that support plans can be adjusted quickly and effectively.

The benefits of using one validated tool would include:

- The ability to measure Providers on true Outcomes rather than how funds are spent.
- Independent monitoring of Providers against minimum industry standards.
- Operating under a more consistent care governance framework across disability (and general) care, hence mitigating some of the existing industry risk factors.
- The ability to allocate resources to Providers based on their Outcomes history. The most effective Providers should be supported with the greatest funding.

Internationally recognised assessment systems already exist and the adoption of one as part of an integrated strategy seems both possible and desirable. While some believe that even a phased implementation of a universal assessment would prove costly, Care Connect believes that an end-to-end analysis will show that the lifetime value of such an approach will more than justify its establishment.

Given population ageing, the numbers of people with disability will increase dramatically. Hence, to place a caveat on eligibility of 65 years or less is not going to be realistic or relevant in the long term for Australia. Care Connect believes that while placing an age restriction on eligibility would limit the size of the population to whom this scheme would be targeted to help manage thresholds, it would also potentially undermine its original intent.

Based on our years of experience in the disability sector, assessing a person's true need has increasingly become more and more challenging. Insufficient resourcing has led to excessively rationed services. This has led in turn to two phenomena: one, fierce competition for scarce resources by 'over emphasising' ones 'deficiencies' or 'dependence' and two, crisis-driven intervention and support whilst ignoring early intervention or pro-active planning. A national support scheme should not seek to be a one-stop shop for all people with a disability. It should seek to achieve early

identification of those most vulnerable in society due to moderate to severe, permanent or ongoing disability, who consequently, would not have equal access to the same opportunities as everyone else without this scheme.

Identifying people who would be eligible requires the active engagement of the primary and acute care sectors if disability is to be present at birth or acquired through an accident or health condition under this scheme. National eligibility and assessment criteria would ensure equity and consistency, irrespective of a person's social, economic or demographic reality.

'Whole-of-Government for whole-of-life' approach. Overcoming interface barriers for people transitioning from home to school to work to retirement.

Currently, there is no deliberate or intentional interface between the Departments of Education, Human Services and Health. In more recent times initiatives have commenced to address these interface barriers which is a welcome development. A national support scheme should transcend these barriers to ensure that those covered would not have to 'tell their story repeatedly' and re-submit for funding and supports that they may or may not be aware of. Fewer people will slip through the system 'cracks'.

We believe that the importance of early intervention as acknowledged by the Commission, in essence mandates a whole of government approach. Early identification allows early intervention *despite* which stage of their life a person is at.

Financing Options – Pay as you go or managing future liabilities?

The financing options would obviously be impacted upon, based on the breadth allowed in eligibility, hence the rationale for this scheme to focus on people with moderate to severe or profound disabilities only.

Care Connect believes that a mix of financing options to involve a range of new revenue from the community would allow a greater degree of equity and efficiency. For example, one of these could be, targeted taxes on capital. This would reduce the respective inefficiency costs while protecting the lower income earners. Similarly, income tax as a source of revenue dedicated to disability can take account of the varying capacity of people to pay, with an addition to the current Medicare levy. Public acceptance is more likely to be gained if it can be demonstrated that all revenue streams are relative to the population spectrum.

A 'pay as you go' system undoubtedly provides a flexible financing method, with strong annual accountability of spending by governments. What makes this option less attractive however, is the fact that government is always faced with competing demands. It would be highly unlikely that annual increases would be available to sustain rising costs. The case in point is the current cumulative deficit of over 7% over the last 10 years across disability funding.

The last thing we would like to see is a scheme in which future liabilities are either hidden or ignored in the face of current experience.

Earlier we mentioned an 'insurance type' scheme and again, this would be on par when considering financing options. In Victoria, the TAC is a good example of a fully-funded scheme in which costs and future expected liabilities are managed

according to the target group that has entered the scheme. As identification of eligibility occurs early, efficiencies in purchasing are achieved both in the immediate and longer term. Case management in turn assists longer term cost reduction through proactive intervention.

Care Connect supports the development of a 'no fault insurance' nature that is means tested and fully funded. It would be targeted to the audience discussed in the previous section, which would aide in funding such a scheme. Financing options should be varied however and include targeting taxes on capital and income taxes with safety levies.

Support Coordination – because life is not simple!

Care Connect is absolutely committed to consumer choice. As such, recipients of this scheme need to be provided with a range of options to help them manage their package.

Care Connect believes that an emerging need would be that of support coordination. Although some existing disability supports may be merged in to this scheme, there would still be a range of government and mainstream service navigation required. A person receiving an individualised package of multi-disciplinary care and support should be entitled to support coordination in order to derive maximum benefit from the package. We believe that there would be little value providing financial support to people to access care without also providing support coordination.

We also believe that it would be imperative to provide a national guideline as to the definition of 'support coordination' to ensure equity and consistency and avoid duplication of roles.

Workforce Development – a case for national accreditation.

A national disability care and support scheme would lead the way for a national approach to workforce development. We acknowledge that this would be a long process, however a start needs to be made by government.

Disability services are delivered by a range of professionals from across the health and community sectors. There is a shortage of workers in this area right now and this is only growing. It is a reality that Care Connect and many other organisations are often faced with a shortfall in funding and as such remaining competitive as an employer becomes increasingly difficult.

In the face of recent disability care and support improvements, workforce development has occurred in an inconsistent way across Victoria. As a result, the sector is experiencing major gaps and inconsistencies in the ways services and supports are being delivered to people with disabilities.

We believe that the government's role in this area includes a deliberate effort to improve wages, working conditions, training and career opportunities.

Concluding comments

As an emerging national community care provider, Care Connect welcomes this opportunity to contribute to the Productivity Commission's inquiry into disability care and support.

We feel that the most significant opportunity for progress would be through early intervention based on a universal assessment mechanism, which looks at specialist and mainstream needs.

A national support scheme should be funded through varying revenue streams and similarly provide people with varying capacity to top-up their package of support.

In the interim, Care Connect fully supports the evolving reorientation of disability services, and advocates for the development of high urgency areas of support coordination and workforce development.